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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 10/577,303			Filing Date 03/01/2007		To be Mailed	
APPLICATION AS FILED – PART I (Column 1) (Column 2)								SMALL	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
Н	FOR	N	NUMBER FILED		NUMBER EXTRA		П	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)	
	BASIC FEE (37 CFR 1 16(a), (b), c	or (c))	N/A		N/A			N/A		1	N/A		
	SEARCH FEE (37 CFR 1 16(k), (i), o	or (m))	N/A		N/A			N/A			N/A		
	EXAMINATION FE (37 CFR 1,16(o), (p), c	iE or (q))	N/A		N/A			N/A			N/A		
	TAL CLAIMS CFR 1.16(i))		minus 20 =		•			x \$ = 1		OR	x s =		
	DEPENDENT CLAIM CFR 1.16(h))		minus 3 =		•			X \$ =			X \$ =		
	APPLICATION SIZE (37 CFR 1.16(s))	FEE shee is \$2 addit	ts of pape 50 (\$125 ional 50 s	wings exceed cation size fee tity) for each ction thereof. S 37 CFR 1.16(due See								
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))]			
* If the difference in column 1 is less than zero, enter "0" in column 2.								TOTAL]	TOTAL		
APPLICATION AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMAL	L ENTITY	OR	OTHER THAN SMALL ENTITY		
Ī	11/21/2011	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSL PAID FOR	PRESE LY EXTR			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
AMENDMENT	Total (37 CFR 1.16(i))	* 35	Minus	35	= 0			x \$ =		OR	X \$60=	0	
	Independent (37 CFR 1.16(h))	• 4	Minus	4	= 0			X \$ =		OR	X \$250=	0	
Ĭ,	Application Size Fee (37 CFR 1.16(s))												
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
								TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	0	
(Column 1) (Column 2) (Column 3)													
		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSI PAID FOR	R PRESE			RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)	
E.	Total (37 CFR 1,16(i))	•	Minus		-			x \$ =		OR	X \$ =		
AMENDMENT	Independent (37 OFR 1 16(h))		Minus	***	-		ı	X \$ =		OR	X \$ =		
HZ.	Application Size Fee (37 CFR 1.16(s))]			
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))									OR			
							•	TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE		
If the entry in column 1 is less than the entry in column 2, write 0" in column 3. If the "Highest Annuber Previously Paid For IN THIS SPACE is less than 30, enter "20". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3". If the "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".													

This collection of Information is equiend by 37 CFR 1.16. The information is equiend to obtain or retain a benefit by the public within it is to file (and by the USFTO to process) an application Confidentiality is governed by 38 USE 1.22 and 37 CFR 1.4. This recibited in estimated to take 12 minutes to complete, enough equiending peparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case. Any comments on the smooth of time you require to complete the form and/or supposednoss for reducing this burden, should be sent to the CHIP (information Officer, U.S. Patient and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22913-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS